



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756
Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: cindy@gfpf.org

Web Site: www.gfpf.org

Retiree Direct Deposit

Retiree Info	<p><i>(Please Print)</i></p> <p>Member No: _____ or Social Security No: _____</p> <p>Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone(H): _____ Phone(C): _____</p>
Beneficiary Info	<p><i>(Please Print)</i></p> <p>Social Security No: _____</p> <p>Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone(H): _____ Phone(C): _____</p>
Banking Info	<p>Financial Institution: _____</p> <p>Account Number: _____</p> <p>Routing Number: _____</p> <p>Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>

ATTACH HERE A VOIDED CHECK
WITH ROUTING AND ACCOUNT NUMBERS
PRINTED ON BOTTOM

I hereby request all Pension Fund benefit payments be deposited into my bank account, as indicated above. A voided check from my account is attached above, or an officer at my Financial Institution has verified the information. This authorization is to remain in effect until the Fund has received written notification from me of its termination. I understand such notification must be received in the office of the Fund by the first day of the month before such termination is desired.

Signature of Retiree or Surviving Beneficiary

Date